EXHIBIT P

20-01010-jlg Doc 20-17 Filed 07/15/20 Entered 07/15/20 00:19:33 Pg 2 of 10



STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY PO BOX 303 TRENTON, NEW JERSEY 08646

Status Report For: GENGER Transaction Number: 60139446

Reported Date: 10/28/2018

Debtor:

ORLY GENGER

210 LAVACA STREET

UNIT 1903 AUSTIN, TX 78701

DATE FILED:

08/03/2018

FILING NUMBER:

52927456

SECURED PARTY:

ARIE GENGER 17001 COLLINS AVENUE

APT 2805

SUNNY ISLES, FL 33160

Filing History: 08/03/2018

Yes

UCC1

Images Available For

Copy Order?

Number Of Pages:

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210 LAVACA STREET UNIT 1903 AUSTIN, TX 78701

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52927326

SECURED PARTY:

ARIE GENGER

17001 COLLINS AVENUE

APT 2805

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STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY PO BOX 303 TRENTON, NEW JERSEY 08646

Status Report For: GENGER

Transaction Number: 60139446

Reported Date: 10/28/2018

Debtor:

ORLY GENGER 210 LAVACA STREET

UNIT 1903 AUSTIN, TX 78701

DATE FILED:

08/03/2018

FILING NUMBER:

52927573

SECURED PARTY:

ARIE GENGER

17001 COLLINS AVENUE

APT 2805

SUNNY ISLES, FL 33160

Filing History: 08/03/2018

UCC1

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Number Of Pages:

Yes

.E-MAIL CONTACT AT FILER (optional) olanca.rodriguez@steinharris.com	122230400 n	State of New Jersey Department of the Treasury Division of Revenue & Enterprise Serv UCC Section				
Blanca 1211 Avenue of the Americas 40th Floor New York, NY 10036	٦	E	'iling Nur	iled mber:52927326 8 15:53:25		
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1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Genger MAILING ADDRESS	Orly					
10 Lavaca Street, Unit 1903	Austin		STATE	POSTAL CODE 78701	COUNTR	
MAILING ADDRESS BECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CITY		STATE	POSTAL CODE	COUNTRY	
3a. ORGANIZATION'S NAME	ECUHED PARTY): Provid	e only <u>one</u> Secured Party	name (3a or 3b)		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	JADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
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	Sunny Is	1100	STATE FL	POSTAL CODE 33160	COUNTRY	
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MAILING ADDRESS 7001 Collins Avenue, Apt 2805 COLLATERAL: This financing statement covers the following collateral: 1 personal and real property and fixtures of equired, including all accounts, all reserves, ceivables, letter of credit rights, litigatic trims of obligations owing to Secured Party, baccured Party's affiliates, general intengibles	the Debtor and instruments, do on claims and prend and other de	interests there comments, notes occeds thereof posits accounts	, bills, , proceed s, whethe	and chattel paper s of insurance, c r or not reposed	ther with	
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UCC FINANCING STATEMENT ADDENDUM

SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ADDITIONAL NAME (S)/INITIAL(S) DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name on the mailing address in line 10c 10a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S SURNAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) The INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) The INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here				State of New Jersey Department of the Treasury Division of Revenue & Enterprise Servic					
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B. E-MAIL CONTACT AT FILER (optional) blanca.rodriguez@steinharris.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Blanca Rodriguez 1211 Avenue of the Americas 40th Floor New York, NY 10036 US 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, to name will not fit in line 1b, leave all of item 1 blank, check here and provided in the content of the content		ivision of Revenu UCC Filing N	of the Treasury ne & Enterprise Se C Section Filed umber:52927456	ervices				
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Th. INDIVIDUAL'S SURNAME Genger	FIRST PERSONAL NAME Orly	ADDIT	FIONAL NAME(S)/INITIAL(S)	SUFFIX				
c. MAILING ADDRESS 210 Lavaca Street, Unit 1903 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, tu	Austin	STATE TX	78701	COUNTRY				
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R 35. INDIVIDUAL'S SURNAME Genger	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX				
MAILING ADDRESS 17001 Collins Avenue, Apt 2805	Arie CUTY Sunny Isles	STATE	POSTAL CODE 33160	COUNTRY				
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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS								
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9a. ORGANIZATION'S NAME			Divi	sion of.	Reven	ue & Ent C Sectio Filed	erprise S	services
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OR 9b. INDIVIDUAL'S SURNAME	08/03/18 16:15:59					5:59		
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ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		E ADOVE	-040516	EOD EII IN	G OFFICE US	E ONLY
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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor on to omit, modify, or abbreviate any part of the Debtor's name) and enter the ma	Debtor i iling ad	name that did not tit i Idress in line 10c	n ime to o	i 20 Oi me Fi	nationly Ote	nement (r om	0007, (000 0	,
10a. ORGANIZATION'S NAME								
iod. Oriental income and income								
OR 10b. INDIVIDUAL'S SURNAME								
INDIVIDUAL'S FIRST PERSONAL NAME								
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)								SUFFIX
100000000000000000000000000000000000000	CITY				STATE	POSTAL COL	DE	COUNTRY
10c. MAILING ADDRESS	0111							
11. ADDITIONAL SECURED PARTY'S NAME QI ASSIGNO	OR SE	CURED PART	Y'S NAM	E: Provide d	nly <u>one</u> na	me (11a or 11	b)	
11. ADDITIONAL SECURED PARTY S NAME OF ASSIGNO								
								122
OR 11b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME			ADDITIO	NAL NAME(S).	/initial(S)	SUFFIX
11c. MAILING ADDRESS	CITY				STATE	POSTAL CO	DE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	<u> </u>				<u> </u>			
(ar speeded) in the	14 T	his FINANCING STA	TEMENT:					
13. This FINANCING STATEMENT is to be tiled [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	, T	covers timber to	_	Covers as	-extracted	collateral	is filed as a	fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16	16. E	Description of real es						
(if Debtor does not have a record interest):								
AT MICOST LANGUIS								
17.MISCELLANEOUS: The filer attests that the Collateral set forth	in t	his Financin	g Stat	ement i	withi	n the sc	ope of th	e New -109. as
Jersey Uniform Commercial Code-Secured Transacti	ons	pursuant to	N.J.S.	A. 12A:	v-1∪∠ a	110 IV.U.D	.r. 12n.3	200, 45
required by N.J.S.A. 12A:9-502.								

	122230400			New Jersey of the Treasury	
B. E-MAIL CONTACT AT FILER (optional) blanca.rodriguez@steinharris.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)	1	Division of	Revenue UCC	& Enterprise S Section iled	ervices
Blanca Rodriguez 1211 Avenue of the Americas	7	F		ber:52927573	
40th Floor New York, NY 10036 US					
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of item 1 blank, check here and provide only One One of the order o	full name; do not omit, m vide the Individual Debtor	odify or abbreviate any na	rt of the Debte	PR FILING OFFICE USE 's name); if any part of the atement Addendum (Form t	
Th. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Genger c. MAILING ADDRESS 210 Lavaca Street, Unit 1903	Orly CHY Austin		STATE TX	POSTAL CODE 78701	COUNTRY
2a. ORGANIZATION'S NAME R 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CITY			POSTAL CODE	COUNTRY
S. OPGANIZATION S NAME	ECONED PARTY). PROVID	e only <u>one</u> Secured Party i	name (3a or 3b)	
Genger	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 17001 Collins Avenue, Apt 2805 COLLATERAL: This financing statement covers the following collateral:	Sunny Is	sles	STATE FL	POSTAL CODE 33160	COUNTRY
All personal and real property and fixtures of acquired, including all accounts, all reserves, receivables, letter of credit rights, litigatic forms of obligations owing to Secured Party, basecured Party's affiliates, general intangibles rights, trade names, trademarks, trade secrets	on claims and property of the claims and property of the claims and property of the customer lists and other property of the customer lists and property of	cocuments, notes coceeds thereof, eposits accounts thout limitation s, software and erty at any time	proceed, whether all tare all other	and chattel pap s of insurance, c or not reposed k refunds, contr c licenses, righ or's credit or i	er, other with act ts, n Secured
arty's possession or in the possession of any o any of the foregoing, including the cash and	non-cash produ	ees and proceed			
arty's possession or in the possession of any o any of the foregoing, including the cash and orm.	st (see UCC1Ad, item 17	and Instructions) De	ing administere	ed by a Decedent's Persona applicable and check <u>only</u> o	

UCC FINANCING STATEMENT ADDENDUM

ecause Individual Debtor name did not fit, check here	ancing Statement; if line	ID Was iett DiafiK		Depai	ctment	of New of the	Treasur	<i>Y</i> .
9a. ORGANIZATION'S NAME			Divi	sion of	Revent UC	venue & Enterprise Serv UCC Section Filed		
				Fi	Filing Number:52927			
9b. INDIVIDUAL'S SURNAME			08			08/03/18 16:46:43		
Genger					,			
FIRST PERSONAL NAME								
Orly ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	-					
ADDITIONAL NAME(S)/ANTIAL(S)			ТН	E ABOVE SI	PACE IS	FOR FILIN	NG OFFICE U	SE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additi	ional Debtor name or Del	btor name that did not fit is						
do not omit, modify, or abbreviate any part of the Debtor's na	ame) and enter the mailir	ng address in line 10c						
10a. ORGANIZATION'S NAME								
10b. INDIVIDUAL'S SURNAME								
INDIVIDUAL'S FIRST PERSONAL NAME								
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)								SUFFIX
MAILING ADDRESS	<u>la</u>	ITY		15	STATE	POSTAL CO	DDE	COUNTR
MAILING ADDRESS								
ADDITIONAL SECURED PARTY'S NAME Q	□ ASSIGNOF	R SECURED PART	Y'S NAM	E: Provide on	y <u>one</u> nar	ne (11a or 1	1b)	
11b. INDIVIDUAL'S SURNAME	F	IRST PERSONAL NAME			ADDITION	NAL NAME(S	s)/INITIAL(S)	SUFFIX
: MAILING ADDRESS		PITY			STATE	POSTAL CO	ODE	COUNTR
. This FINANCING STATEMENT is to be filed (for record	i] (or recorded) in the	14. This FINANCING STA	-	7	utracted of	ooliatoral	ie tilod as a	tixture filing
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate de	,	14. This FINANCING STA covers timber to 8 16. Description of real est	e cut	covers as-e	extracted o	collateral	is filed as a	fixture filir
REAL ESTATE RECORDS (if applicable)	,	covers timber to b	e cut	covers as-e	extracted o	collateral	is filed as a	fixture filin
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate de	,	covers timber to b	e cut	covers as-e	extracted o	collateral	is filed as a	fixture filin
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate de	,	covers timber to b	e cut	covers as-e	extracted o	collateral	is filed as a	fixture filin